

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031469**

FILING DATE **29 MAY 2002**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55	/					
6							56	/					
7							57	/					
8							58	/					
9							59	/					
10							60	/					
11							61	/					
12							62	/					
13							63	/					
14							64	/					
15							65	/					
16							66	/					
17							67	/					
18							68	/					
19							69	/					
20							70	/					
21							71	/					
22							72	/					
23							73	/					
24							74	/					
25							75	/					
26							76	/					
27							77	/					
28							78	/					
29							79	/					
30							80	/					
31							81						
32							82						
33							83						
34							84	/					
35							85	/					
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			0				TOTAL IND.	13					
TOTAL DEP.			30				TOTAL DEP.	20					
TOTAL CLAIMS			30				TOTAL CLAIMS	32					

BEST AVAILABLE COPY